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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

702.103

First Named Inventor

Hanson

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Articulating Implant System

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 37902 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Shaun		Family Name or Surname Hanson	
Inventor's Signature			Date
Residence: City Phoenixville	State Pennsylvania	Country USA	Citizenship US
Mailing Address 137 E. Phoenix Drive			
City Phoenixville	State Pennsylvania	ZIP 19460-4507	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Graham J.W.		Family Name or Surname King	
Inventor's Signature			Date
Residence: City London	State Ontario	Country Canada	Citizenship Canadian
Mailing Address 268 Grosvenor Street			
City London	State Ontario	ZIP N6A 4L6	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stuart D.		Patterson	
Inventor's Signature			Date
Winter Haven Residence: City	Florida State	USA Country	US Citizenship
80 Jenni Ashley Court Mailing Address			
Mailing Address			
Winter Haven City	Florida State	33884-3044 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Alan		Taylor	
Inventor's Signature			Date
Memphis Residence: City	Tennessee State	USA Country	US Citizenship
6405 Kirby Oaks Drive Mailing Address			
Mailing Address			
Memphis City	Tennessee State	38119-6515 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James A.		Johnson	
Inventor's Signature			Date
London Residence: City	Ontario State	Canada Country	Canadian Citizenship
268 Grosvenor Street Mailing Address			
Mailing Address			
London City	Ontario State	N6A 4L6 Zip	Canada Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Hanson
Title	Articulating Implant System
Art Unit	
Examiner Name	
Attorney Docket Number	702.103

I hereby appoint:

☒ Practitioners at Customer Number: 37902

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Shaun Hanson		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Graham J.W. King		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Examiner Name	
Attorney Docket Number	702.103

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37902

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Stuart D. Patterson		
Signature			
Date		Telephone	

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Address					
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Telephone		Fax			

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Alan Taylor		
Signature			
Date		Telephone	

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First Named Inventor	Hanson
Title	Articulating Implant System
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Examiner Name	
Attorney Docket Number	702.103

I hereby appoint:



Practitioners at Customer Number:

37902

OR



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Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name James A. Johnson

Signature

Date

Telephone

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ASSIGNMENT

For valuable consideration, we, Shaun Hanson, residing at 137 E. Phoenix Drive, Phoenixville, Pennsylvania 19460-4507, Graham J.W. King, M.D., residing at St. Joseph's Health Center, 268 Grosvenor Street, London, Ontario N6A 4L6 CANADA, Stuart D. Patterson, M.D., residing at 80 Jenni Ashley Court, Winter Haven, Florida 33884-3044, Alan Taylor, residing at 6405 Kirby Oaks Drive, Memphis, Tennessee 38119-6515, and James A. Johnson, Ph.D., residing at St. Joseph's Health Care, 268 Grosvenor Street, London, Ontario N6A 4L6 CANADA, hereby assign to Wright Medical Technology, Inc., a Delaware corporation having a place of business at 5677 Airline Road, Arlington, Tennessee 38002-9501; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by us, entitled ARTICULATING IMPLANT SYSTEM, filed _____, and assigned U.S. Serial Number ____/____, and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment including said application, any and all United States and foreign patents, utility models and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at _____, this _____ day
of _____, 20____.

SHAUN HANSON

State of _____)

SS:

County of _____)

Before me this _____ day of _____, 20____, personally appeared
_____ known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes
therein contained.

(SEAL)

Notary Public

My Commission
expires:_____

IN WITNESS WHEREOF, I hereto set my hand and seal at _____, this _____ day
of _____, 20____.

GRAHAM J.W. KING

State of _____)

SS:

County of _____)

Before me this _____ day of _____, 20____, personally appeared
_____ known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes
therein contained.

(SEAL)

Notary Public

My Commission
expires:_____

IN WITNESS WHEREOF, I hereto set my hand and seal at _____, this _____ day
of _____, 20____.

STUART D. PATTERSON

State of _____)

SS:

County of _____)

Before me this _____ day of _____, 20____, personally appeared
_____ known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes
therein contained.

(SEAL)

Notary Public

My Commission
expires:_____

IN WITNESS WHEREOF, I hereto set my hand and seal at _____, this _____ day
of _____, 20____.

ALAN TAYLOR

State of _____)

SS:

County of _____)

Before me this _____ day of _____, 20____, personally appeared
_____ known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes
therein contained.

(SEAL)

Notary Public

My Commission
expires:_____

IN WITNESS WHEREOF, I hereto set my hand and seal at _____, this _____ day
of _____, 20____.

JAMES A. JOHNSON

State of _____)

SS:

County of _____)

Before me this _____ day of _____, 20____, personally appeared
_____ known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that s/he executed the same as her/his free act and deed for the purposes
therein contained.

(SEAL)

Notary Public

My Commission
expires:_____